

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L85507** (6)

1. Corporation Name
POINCIANA ACQUISITION CORP.



Principal Place of Business Mailing Address
% AKERMAN, SENTERFIT & EIDSON. P.A.
801 BRICKELL AVE., 24TH FLOOR
MIAMI FL 33131

3. Date Incorporated or Qualified **07/06/1990** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business 2a. Mailing Address
21 One Southeast 3rd Avenue 26 One Southeast 3rd Ave.
22 28th Floor 27 28th Floor
23 Miami, Florida 28 Miami, Florida
24 33131-1704 25 USA 29 33131-1704 30 USA

4. FEI Number **65-0432110** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SCHUETTE, CHARLES A
801 BRICKELL AVE.
24TH FLOOR
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
One Southeast Third Avenue
83 **28th Floor**
84 City **Miami** FL 85 Zip Code **33131-1704**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOURDIN, YVES	1.2 NAME	
STREET ADDRESS	CHARLOTTE ST. & BAY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, GISELA	2.2 NAME	
STREET ADDRESS	WEST BAY ST., OLD FORT PT., HOUSE SUNSET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASSAU, BAHAMAS	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUETTE, CHARLES A	3.2 NAME	
STREET ADDRESS	801 BRICKELL AVE.	3.3 STREET ADDRESS	One Southeast 3rd Avenue, 28th Floor
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami, Florida 33131-1704
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X G. Navia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96
Date

305-374-5600
Daytime Phone #

CR2E034 (12/95)